CUSTOMER ACCESS CENTRE CUSTOMER VISIT REQUEST FORM

Prior to the visit being confirmed, a pre-visit meeting is to be scheduled with the President, VP Operations, General Manager, VP Sales, VP Marketing, and NA Service Manager to review the information provided.

HOST INFORMATION	
Your Name:	Title:
DATE & TIME	
	g prior to submitting your form to ensure the date requested is available
Meeting Room(s) Required:	: Meeting Room 1 Meeting Room 2 Showroom Seats 12 Seats 6
Which plant(s) will be toure	ed?
Did you want to include the	e test track as part of the tour at P2?
CUSTOMER INFORMAT	ΓΙΟΝ
Company Name:	
Is this a new customer?	☐ Yes ☐ No
Company overview:	
Objective of visit for custon	ner:



Objective of visit for Skyjack	<:		

Visitors:

FIRST NAME	LAST NAME	COMPANY	TITLE	EMAIL

Should you require more space, please use Additional Information at the end of this form.

Emails are required to set up guest Wifi.

Skyjack staff to be in attendance:

FIRST NAME	LAST NAME	TITLE	IS A PRESENTATION REQUIRED? Y/N	IF Y, PLEASE INDICATE THE TOPIC



CURRENT & FUTURE SALES OPPORTUNITIES Current year sales for this customer: Total # of units: _____ Future sales opportunities: Key models of interest: Key opportunities and talking points: Issues likely to be raised: **SERVICE** Key opportunities and talking points: Warranty issues: Model specific issues:



What are some likely issues to be raised at this meeting?
Are there any current/recent events from a customer perspective to be aware of? (Acquisitions, expansion, new key personnel, funding, etc.)
Please list any recent success Skyjack has achieved with this customer:

PROPOSED AGENDA

SUCCESSES & OPPORTUNITIES

Please provide a proposed agenda for your customer visit. Be sure to include times and key Skyjack personnel required to present at the meeting along with the topic for discussion.

TIME	TOPIC	PRESENTER



MACHINES FOR DEMONSTRATION Will you require any machines to be on display for demonstration? Yes No If yes, please list what machines, along with any add-ons, required: Will you require any of these machines to be demonstrated on the test track? ☐ Yes □No Please list what machines are to be placed on the test track (machines not on the test track will be set up in the CAC Showroom): Will you require any assictance for the demonstrations? \square Yes \square No Please list who you would like to have on hand for the demonstration:

Please list the main issues to be focused on during the demonstration(s):

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GIFTS

The standard gift is one item per visitor and includes a notebook, 12oz tumbler, and a History of Skyjack booklet. Anything over and above will be billed to your budget and can be ordered by you.
Do you require any items in addition to the standard gift? \square Yes \square No
Anything in addition to the standard gift can be ordered directly through your Skyjack Shop budget. When ordering, be sure to click on "deliver to store" for pick up.
Any items to be ordered will take a minimum of two weeks for availability.
CATERING
Coffee, tea, and water are always available during the customer visit. For morning visits, pastries and fresh fruit will be provided.
If you would prefer a hot breakfast please indicate by checking this box:
Will you require lunch? ☐Yes ☐No
How many for lunch (please include any Skyjack staff you have invited)?
Please indicate any dietary restrictions:
Name, dietary restriction
Do you require dinner reservations?
How many will be attending (please include any Skyjack staff you have invited)?
Date: Time:
Please list any preferred restaurants here:



TRAVEL & ACCOMMODATIONS

Any flights are to be arranged on your own.

Should you require car service *from the airport to the Guelph offices*, please provide your arrival flight details:

AIRLINE:	FLIGHT NO:	ARRIVAL AIRPORT:	ARRIVAL TIME:

Should you require car service *from the Guelph offices to the airport*, please provide your departure flight details:

AIRLINE:	FLIGHT NO:	DEPARTURE AIRPORT:	DEPARTURE TIME:

Will hotel accommodations be required? \square Yes \square No

Accommodations will be arranged with the Delta Hotels by Marriott Guelph Conference Centre at a reduced rate which includes parking and breakfast.

Should accommodations be required, please provide the following information for each guest (be sure to include yourself):

FIRST NAME	LAST NAME	EMAIL	CHECK-IN	CHECK-OUT	MARRIOTT BONVOY#

The Tradeshow and Events Specialist will arrange accommodations for you and your group.

You will receive an email directly from the Delta Guelph to confirm with your credit card. This will cover the room and tax for each guest in your group. You can choose to have them cover any incidentals on their own (credit card presented upon arrival), or you can include it when completing the form.



ADDITIONAL INFORMATION

there is anything else required for your customer visit, please indicate here and be as specific as ossible. You can also use this space to add any additional information that didn't fit above.					

Once you have completed this form, please send to Stephanie Rapko, Tradeshow and Events Specialist, <u>stephanie.rapko@skyjack.com</u>.

Any incomplete forms will be sent back.

NOTE: The customer visit will NOT be confirmed until the completed form is received AND the pre-visit meeting has taken place.

